## \*Personal privacy information\*

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3



| Row I Administrative                    | Renorter Name   |           | Submission date.<br>31-March-2016  | Contact perso<br>Sundee Willia                | n (if different than reporter<br>ams  | r) Internal ID<br>1772151                     |  |
|---|---|-----------|--|---|---|---|--|
| Data                                    | Address The Villages, FL 32162 USA  |           |  | Address 2 T.W. Alexander Drive, RTP, NC 27709 |   |   |  |
|   | Phone # (352) 322-9798 Incident Status: Location and The Villages USA 02/16/2016  |           | Phone # (919) I date of incident Date registran became aware incident. 02/16/2016  |   | t Was incident par  | Was incident part of larger study?            |  |
| Row 2  Pesticide(s) Involved            | EPA Registration # (Product 1) 72155-100  |           | EPA Registration # (Product 2)   |   | EPA Registration # (Product 3)  N/A   |   |  |
|   | A.l. (s) Indaziflam, Glyphosate & Diquat Dibromide  |           | A.I. (s)<br>N/A  |   | A.I. (s)<br>N/A   |   |  |
|   | Product 1 name  DuraZone Weed and Grass Killer -  Concentrate   |           | Product 2 Name N/A   |   | Product 3 Name N/A  |   |  |
|   | Exposed to concentrate prior to dilution? No  |           | Exposed to concentrate prior to dilution? N/A  |   | Exposed to conce<br>dilution? N/A   | Exposed to concentrate prior to dilution? N/A |  |
|   | Formulation Soluble Concentrate   |           | Formulation N  | A   | Formulation N/A   |   |  |
| Row 3 Incident Circumstances            | directions were not yard, school, followed? No nursery/greer commercial to woods, agric   |           | e: (examples include home,<br>l, industrial,<br>enhouse, surface water,<br>turf, building/office, forest/<br>cultural (specify crop) right-of-<br>tility, highway)). |   | Situation (act of using product): (examples include mixing/loading, reentry, application transportation, repair/ maintenance of application equipment, manufacturing/ formulating).  See Incident Description Notes |   |  |
|   | Applicator certified? UNK   | Own Resid |  |   | See incuent Descriptio  | n Notes                                       |  |
|   | How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes |           |  |   |   |   |  |
| 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | 6 c c n c   |           |  |   |   |   |  |
| TE CACEL C                              | 6 6 6 E   |           |  |   |   |   |  |

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page 2 of 3

Brief description of incident circumstances.

Feb 16 2016 1:50PM warm transfer

Hx: Caller states that he was using the product in a plastic flower waterer with water 6 hours go. He was using his right hand to pour the product. A few minutes ago he noticed that between his L hand thumb and index finger is swollen and red. After using the product and being outside caller washed his hands and then took a shower. He did not noticed any of the diluted product getting onto himself.

A: Went over sxs that may develop with an exposure to the product. Rec. MD eval as you may need to consider other causes since there was not a known direct exposure to the skin. Bring product information with you and have the doctor contact us using your case reference number if more information or consultation is needed

Feb 18 2016 9:01AM

Cb to caller. He went to ED after speaking with us. He was prescribed 500mg cephalexin and Cadista. He thinks his sxs are improving, although the hand is still swollen. He is going to f/u with his PMD today. Asked what he was diagnosed with and what treating MD thought cause was, but he states he has given all of that information to his MD and does not share.

A: Advised we may f/u with him again a few days to see how he is doing. Cb prn.

Feb 22 2016 11:59AM

Attempted CB and spoke with caller. He states his hand is improving and he is still taking the medication. Advised him to CB prn.

\*\*\*\*\*\*

Mar 3 2016 4:06PM case review completed



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Page 3 of 3

| (examples include none, clinic,   Dermatological-Edema/Swelling   list test names and  | othing   |  |
|--|--|--|
| Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).  None  Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown  Human severity category: HC  This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages necessary) |  |  |
| Amount of pesticide: MA Exposure duration: Acute < Bluman severity category:  IC  This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages necessary)  Internal ID #  | If lab tests were performed, list test names and results (If available, submit reports)  None Reported |  |
| This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages necessary)  Internal ID#   |  |  |
| necessary)   |  |  |
|  |  |  |
|  |  |  |
| 44.55  |  |  |